

FSSA Provider Audit Workgroup

Public Hearings

Indiana Family and Social Services Administration
Office of Medicaid Policy and Planning
July 2016



Agenda

- *Background and overview of the workgroup*
- *Overview of audits performed on Indiana Medicaid providers*
- *Public hearing*
- *Next steps*



Provider Audit Workgroup Background



Senate Enrolled Act 364-2016

- Establishes the provider audit workgroup to discuss the policy and procedures used in the performance of Medicaid provider audits and opportunities for improvements.
- Required to submit a written report with recommendations to Legislature before December 1, 2016.



Provider Audit Workgroup

- Comprised of:
 - Members of the Medicaid Advisory Committee (MAC)
 - Representatives from the managed care entities
 - FSSA staff
- Met June 8 at State Library, proposed this process and will reconvene



Overview of Audits Performed on Indiana Medicaid Providers



FSSA Program Integrity

FSSA Program Integrity (PI) is composed of three collaborative groups:

Investigations & Coordination

- Respond to complaints from members, providers, other state agencies
- Conduct preliminary investigations to establish a Credible Allegation of Fraud (CAF)
- Coordinate with other State agencies and/or divisions

Prepayment Review

- Potential concerns with provider billing practices; submission of documentation with claims

Surveillance & Utilization Review (SUR) - Audit

- Retrospective review of provider billing compliance with IHCP & coding guidelines
- Recovery of overpayments – Federal share of all Medicaid recoveries must be repaid to CMS
- Fraud & Abuse Detection System (FADS) Team – PI; Truven Health Analytics; Myers & Stauffer, LC; HMS



Federally Mandated Auditors

Reviews can be initiated by other external entities in conjunction with FSSA Program Integrity, including, but not limited to:

- Centers for Medicare and Medicaid Services (CMS)
 - Payment Error Rate Measurement (PERM) audit
 - A+ Gov't. Solutions and The Lewin Group (vendors)
 - Medicaid Integrity Contractor (MIC)
 - Indiana contractor - Health Integrity (HI)
 - Recovery Audit Contractor (RAC)
 - Indiana contractor – HMS
- Department of Health & Human Services – Office of Inspector General (HHS/OIG)
- Indiana Medicaid Fraud Control Unit (MFCU)



Identification of Providers

Healthcare providers enrolled in Indiana Medicaid program can be selected for review through one of the following ways:

- Ranking as an outlier when compared to providers of like specialty
- Concern or complaint relayed to PI through the Concerns Hotline or PI email box – result in Preliminary Investigation or Credible Allegation of Fraud Assessment
- Request or recommendation from other State or Federal agencies



Types of Audits

- **Provider Self-Audit**
 - List of claims to be reviewed submitted to provider
 - Spreadsheet of claims to allow for reporting results of review
 - PI typically will request submission of documentation for select claims to validate provider results
- **Desk Audit**
 - List of claims and supporting documentation for review mailed to provider
 - Documents can be submitted to State on paper, electronic (CD, etc.) or via web portal
- **On-Site Audit**
 - Typically, provider notified of on-site prior to auditors arrival
 - Documentation for selected claims obtained by auditors while on-site
 - Allows for greater direct communication between provider and auditors



405 IAC 1-5-1 *Medical records; contents and retention*

Sec. 1. (a) Medicaid records must be of sufficient quality to fully disclose and document the extent of services provided to individuals receiving assistance under the provisions of the Indiana Medicaid program.

(b) **All providers participating in the Indiana Medicaid program shall maintain, for a period of seven (7) years from the date Medicaid services are provided,** such medical or other records, or both, including x-rays, as are necessary to fully disclose and document the extent of the services provided to individuals receiving assistance under the provisions of the Indiana Medicaid program . . .

Sec. 2. Records maintained by providers under section 1 of this rule shall be openly and fully disclosed and produced to the office of Medicaid policy and planning or any authorized representative, designee, or agent thereof, forthwith, upon reasonable notice and request.



Public Hearing

Guidelines are on the next slide



Public Hearing Guidelines

- Individuals who wish to speak must first sign-in using the sign-in sheets posted by the door.
- Speakers are called in the order received.
- Generally 7 minutes are allotted per speaker, however staff may modify this time limit as needed due to time restrictions on the facility.
- Speakers may only speak once, however additional written comment may be submitted.
- Due to time constraints and the nature of this hearing, staff generally will not respond to questions or engage in dialogue. Specific inquiries may be submitted in writing to OMPPPProviderRelations@fssa.in.gov.
- FSSA will not discuss pending audits or investigations.



Next Steps

- Three public hearings
 - Indianapolis – July 11
 - Evansville – July 13
 - Mishawaka – July 18
- Compile feedback from public hearings into report for Provider Audit Workgroup. Review for recommendations, including updating legislation and rules.
- Updates and materials will be posted on MAC site at <http://www.in.gov/fssa/ompp/4882.htm>.



Adjourn

Additional comments may be submitted in writing.

Email

OMPPPProviderRelations@fssa.in.gov

Mail

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